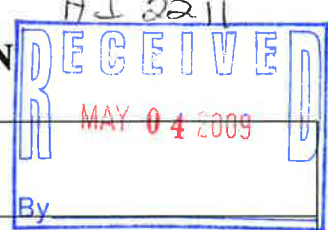


# CHANGE IN OWNERSHIP CERTIFICATION

*Facility Name*



Facility Name	NPDES No.
Shadowwood Water Quality Treatment Center	KY0031810
Previous Name (if changed)	County
Shadowwood Wastewater Treatment Plant	Jefferson County

I hereby certify that I will assume ownership and all responsibility for meeting the permit conditions of the Commonwealth of Kentucky relating to water quality at the permitted facility listed above on the effective date indicated.

Name of New Owner or Authorized Representative	Louisville & Jefferson County Metropolitan Sewer District
Company Name	Louisville & Jefferson County Metropolitan Sewer District
Address of New Owner (Street, City, State, Zip Code)	700 West Liberty Street
Telephone No. of Owner/Authorized Representative	( 502 ) 540 - 6000
Location Address of Facility	5489 Forest Lake Dr., Lou. KY 40059
Effective Date of Transfer	N/A
Previous Owner Name	MSD, This is a name change only.

Indicate the address where the Discharge Monitoring Report (DMR) forms should be sent. **(Complete only if different from owner name and address listed above.)** These DMR forms are preprinted with permit limitations and mailed out each quarter (semi-annually for individual residences).

Alternate DMR Mailing Name	DJ Rheinlaender
Alternate DMR Mailing Address	Hite Creek WQTC, 5512 Hitt Lane, Lou. KY 40241

Signature of New Owner or Authorized Representative	Date
	4/30/09

Acknowledged before me this 1<sup>st</sup> day of May, 2009

Notary Public Christina J. Lomasulo Commission Expires: November 18<sup>th</sup>, 2009

Notary Seal

Questions on completing this form?

Contact the KPDES Branch at (502) 564-3410.

Complete and return this form to:

Division of Water, KPDES Branch  
Frankfort Office Park  
14 Reilly Road  
Frankfort, KY 40601



STEVEN L. BESHEAR  
GOVERNOR

**ENERGY AND ENVIRONMENT CABINET**

DEPARTMENT FOR ENVIRONMENTAL PROTECTION

DIVISION OF WATER  
200 FAIR OAKS LANE  
FRANKFORT, KENTUCKY 40601  
[www.water.ky.gov](http://www.water.ky.gov)

LEONARD K. PETERS  
SECRETARY

May 6, 2009

Mr. Douglas Scott Porter  
Louisville & Jefferson County MSD  
700 West Liberty Street  
Louisville, KY 40203-1911

Re: Facility Name Change  
KPDES No.: KY0031810  
Shadowwood Water Quality Treatment Center  
AI ID: 2211  
Jefferson County, Kentucky

Dear Mr. Porter:

The Division of Water received your request for modification of the Kentucky Pollutant Discharge Elimination System (KPDES) permit for the above-referenced facility. The KPDES permit has been modified to reflect the name change. Enclosed is the Permit Transfer cover page, hereby-confirming the name change for the KPDES permit.

Please be advised that future Discharge Monitoring Reports will be sent to the address indicated on your Change of Ownership Certification form.

If you have any questions, please contact me at (502) 564-8158, extension 4918.

Sincerely,

**Ann S. Workman**  
Permit Support Section  
Surface Water Permits Branch  
Division of Water

Enclosures

c: Louisville Regional Office  
TEMPO

# KPDES



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT TRANSFER

PERMIT NO.: KY0031810  
AI NO.: 2211

#### FACILITY NAME CHANGE PURSUANT TO AUTHORIZATION TO DISCHARGE UNDER THE KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

Pursuant to Authority in KRS 224, this permit is hereby renamed:

Facility Name: Shadowwood Water Quality Treatment Center  
Facility Address: 5489 Forest Lake Drive  
Louisville, Jefferson County, Kentucky 40059

Prior Facility Name Shadowwood WWTP

Owner: Louisville & Jefferson County MSD  
Address: 700 West Liberty Street  
Louisville, Kentucky 40059

in accordance with effluent limitations, monitoring requirements, expiration date and other conditions set forth in this permit. This name change constitutes a minor modification of this permit.

The effective date of this facility name change is May 6, 2009.